

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**

(fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))

Application Number	09/667,641	Filed	09/23/2000
For Art Unit	LIQUID CRYSTAL DEVICE HAVING VARIABLE REFLECTED WAVELENGTH 2871 Examiner Ton, Minh Toan T.		

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows: (check time period desired):

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/>            | One Month (37 CFR 1.17(a)(1)) \$120.00     |
| <input checked="" type="checkbox"/> | Two Months (37 CFR 1.17(a)(2)) \$450.00    |
| <input type="checkbox"/>            | Three Months (37 CFR 1.17(a)(3)) \$1020.00 |
| <input type="checkbox"/>            | Four Months (37 CFR 1.17(a)(4)) \$1590.00  |
| <input type="checkbox"/>            | Five Months (37 CFR 1.17(a)(5)) \$2160.00  |

- Applicant claims small entity status. See 37 CFR 1.27.
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account.
- The Director is hereby authorized to charge any fees which may be required or credit any overpayment, to Deposit Account Number 502117. The Deposit Account Name is Motorola, Inc.

I have enclosed a duplicate copy of this sheet.

I am the:

- Applicant/inventor
- Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
- Attorney or agent of record (Registration No.: 45,314)
- Attorney or agent under 37 CFR 1.34  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

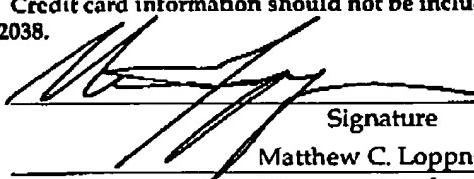
**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

08/16/06

Date

847-523-2585

Telephone Number



Signature

Matthew C. Loppnow

Type or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required, see below.

- Total of 1 form(s )are submitted

(SB/22 (12-04))